

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 560304

FILING DATE

APPLICANT(S)

CLAIMS

ART 34	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
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16		(1)		1		
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18		(1)		1		
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41		(1)		1		
42		(1)		1		
43		(1)		1		
44		(1)		1		
45		(1)		1		
46		(1)		1		
47		(1)		1		
48		(1)		1		
49		(1)		1		
50		(1)		1		
TOTAL IND.	7	↓	1	↓		↓
TOTAL DEP.	50	←	49	←		←
TOTAL CLAIMS	51		50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						